## **EXHIBIT B**

## MDL 15-2666: IN RE: BAIR HUGGER FORCED AIR WARMING PRODUCTS LIABILITY LITIGATION MONTHLY TIME REPORT

Month/Date: [FIRM NAME]

Categories: 1. Lead Counsel Calls/Meetings 2. PEC/PSC Calls/Meetings 3. Lead/Liasion duties 4. Administrative 5. MDL Status Conference 6. Court Appearance 7. Law Brief 8. Discovery 9. Doc Review 10. Litigation Strategy & Analysis 11. Dep: Prep/Take/Defend 12. Pleadings/Briefs/Pre-Trial Motions 13. Science 14. Experts/Consultants 15. Settlement 16. Trial Prep/Bellwether 17. Trial 18. Appeal 19. Travel

Firm ID	Professional Level: Partner	Date of		Detailed description of Work	Work assigned by		Fees total:
		Service	Code	performed	or Approved by:	(by .1	
	Contract (C) or Paralegal					increments)	
	(PR)						

Category Name:	Total Time per Category	Total fees per Category
LCC Calls/Meeting		
PSC Calls/Meeting		
Lead/Liasion Duties		
Administrative		
MDL Status Conf		
Court Appearance		
Law Brief		
Discovery		
Doc Review		
Litigation Strategy & Analysis		
Dep: Prep/Take/Defend		
Pleadings/Briefs, Pre-trial Motions, Legal		
Science		
Experts/Consultants		
Settlement		
Trial Prep/Bellwether		
Trial		
Appeal		
Travel		

Total:

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Cor	titic	ation

I believe that the time set above is accurate and that the time expanded was spent on common benefit work.					
Partner's signature	Date				

## MDL 15-2666: IN RE: BAIR HUGGER FORCED AIR WARMING PRODUCTS LIABILITY LITIGATION Quarterly Expense Report for

	LIABILI	TY LITIGAT	ION Quarte	rly Expen	se Report for
		[NAN	ME]		
Last Name, First Name:					
[Attorney/Firm Name]					
Month/ Date:					
Categories: 1. Assess	ment fees 2. federa	l Express/Local courier 3	3. Postage Charges 4.	Facsimile Charges	s 5. Long Distance 6. In-house Photocopying 7.
Outside photocopying	g 8. Hotels 9. Meal	ls 10. Mileage 11. Air tra	avel 12. Deposition C	osts/Expert Witne	ss/Other 13. Lexis/Westlaw 14. Court Fees 15.
Witness/Expert Fees	16. Investigation F	Fees/ Service Fees 17. Tra	inscripts 18. Ground	Γransportation (ie	rental) 19. Travel 20. Miscellaneous (describe)
	****ALL OR	RIGINAL RECEIPTS M	IUST BE ATTACHE	ED TO THIS EXP	PENSE SHEET****
Date	Category Code	Category Name	Detailed Description	Amount	Receipt Provided: Yes / No (if no, provide reason)